

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention | [NON-VOLATILE MEMORY AND FABRICATING METHOD THEREOF] | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------|--|-------------|-------------|--------------------|------------------|-----|------|----|---|------------------------|--|------|----|---|--|--|--|--------------------------------------|--|
| Application Number : Date : First Named Applicant: Mr. CHING-YU CHANG Attorney Docket Number: 10264-US-PA-1 | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEE AUTHORIZED \$ 790 Patent fees are subject to annual revisions on or about October 1st of each year. | | | | | | | | | | | | | | | | | | | | | |
| Filing as large entity BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>750</td><td>750</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 750</td></tr></tbody></table> | | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Utility Filing Fee | 1001 | 750 | 750 | | | | Subtotal For Basic Filing Fees: \$ 750 | | | | | | | | |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 1001 | 750 | 750 | | | | | | | | | | | | | | | | | | |
| | | | Subtotal For Basic Filing Fees: \$ 750 | | | | | | | | | | | | | | | | | | |
| EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 9</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>1201</td><td>84</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table> | | Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | Total Claims : 9 | 0 | 1202 | 18 | 0 | Independent Claims : 1 | 0 | 1201 | 84 | 0 | | | | Subtotal For Extra Claims Fees: \$ 0 | |
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| Independent Claims : 1 | 0 | 1201 | 84 | 0 | | | | | | | | | | | | | | | | | |
| | | | Subtotal For Extra Claims Fees: \$ 0 | | | | | | | | | | | | | | | | | | |
| AUTHORIZED BILLING INFORMATION The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Credit account number: 1007 Expiration Date (YYYYMMDD): 2005-12-31 Authorized name: YEH, WEN-HUNG Billing address: 99999 | | | | | | | | | | | | | | | | | | | | | |